THE CALIFORNIA MEDICAL JOURNAL.

H. T. WEBSTER, M. D. .....Editor.

VOL. 5. OAKLAND, CAL., JUNE, 1884. NO. 6.

ORIGINAL COMMUNICATIONS.

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ADDRESS BY PROF. COLIN CAMPBELL ON "MEDICAL PREJUDICE AS VIEWED BY A LAYMAN."

[At the graduating exercises of California Medical College, May 23, 1884.]

THE subject of my address this evening will be "Medical Prejudice as Viewed from a Layman's Stand-point;" and, let me say by way of preface, that I propose for the most part to direct your attention to the prejudice existing on the part of the allopathic, or old school physicians, as they prefer to call themselves, against the eclectic school of medicine; to inquire why that prejudice exists, and see if it has any foundation in reason or justice. My own narrow and restricted experience will furnish sufficient material for the basis of my theme.

It has fallen to my lot to have had intimate and pleasant professional and social relations with representatives of all the different schools. I have been treated at different times in my life by old-school, homeopathic and eclectic physicians, but, ladies and gentlemen, I *survive*—from which fact, I suppose, we ought, in charity, to conclude that there is good in all three systems of medicine. There is, however, one unfortunate circumstance that prevents the great collective body of medical men of all schools from accomplishing

the full amount of good that might be accomplished were it not for the existence of that circumstance. I allude to the unreasonable prejudice on the part of the members of the old school against all physicians and surgeons not of their precise medical faith. This prejudice is early instilled into their minds, it is part of their medical education, and the rules and so-called ethics of their school require that they shall not recognize, professionally, a member of another school. The Hippocratic oath has been profaned in many old-school medical colleges by adding to it a clause by which the graduate from such college is obliged to swear that he will conform to the rules and ethics of the American Medical Association, one of the rules of which association requires that its members shall not consult with or professionally recognize a physician or surgeon of another school, and by which he agrees to forfeit his diploma in case he violates this oath. Such an oath I have heard administered to graduates of an old-school medical college in this State; but prejudice, fanaticism and bigotry cannot be made respectable by including them within the limits of an oath. Let us see what direct consequences may follow the taking of such an oath.

An accident of a severe nature occurs in some remote village which supports but two physicians and surgeons. One is an old-school graduate, the other a homeopathist or eclectic. The accident is of such a nature that it is impossible for any physician to attend to the case successfully. Here, indeed, is a dilemma. The practice of surgery is essentially the same in all the different schools. The homeopathist or eclectic may be a far more experienced and skillful surgeon—fully the other's equal, if not his superior, as a man. There is no real or substantial reason why they should not meet at the bed of suffering and render their united services in behalf of the patient—unless such assistance is speedily rendered that patient must die—the life blood is ebbing fast; he is sinking every moment. The one with bared arms and instrument in hand is ready for the operation; the other hangs back, yes and refuses to lend a helping hand. As I have already said, the operation requires the services of two surgeons, no one surgeon can perform it alone. Can he then have been suddenly bereft of reason? "No!" Why then is he untrue to every professional instinct? Why is he deaf to the voice of humanity?

Why does he stand cold and impassive when he knows that unless he gives his professional assistance that man has not fifteen minutes to live, and that if he does do so the chances greatly predominate in favor of life. Ah! even as you gaze upon him, turn that look of indignation, loathing and contempt, into one of pity and commiseration. There is an awful struggle going on within that man's breast. Every instinct of his nature prompts him to action; but alas! he is bound by fetters stronger than bands of triple steel, even the fetters of bigotry and prejudice, and he dare not move hand or foot. His school has compelled him to solemnly swear that he will not act professionally with a medical man of a different faith, and as he is a conscientious man, he respects his oath, and lets the patient die, as the operation could not be performed by any one surgeon alone. It may be said that this is an extreme case; but I answer that it is one that may occur even in a populous community.

There is not a member of the community to whom this exclusiveness and prejudice of the old school physicians is not a standing menace; for an accident such as I have described, may happen at any moment to any one, and the victim may find himself in the predicament I have spoken of. Again, to show how bitter and unreasonable this prejudice is, some years ago, about the time this college was being built, its principal projector and founder, Dr. Webb, was practicing in Oakland. There was then, also, quite a learned and able physician of the old school established here. In a conversation with him one day on the subject of old school prejudice, he said to me: There is Dr. Webb, an eclectic. I admit he is an excellent and skillful physician, a man of unblemished character, a gentleman in every respect, a man who is doing a good work in this community. I ventured to ask him if he would not consult. He replied that he would not, and the only reason he could give for refusing to do so was that he did not belong to his school. Had this prejudice any foundation in reason or justice? Again, a very intelligent old-school practitioner hinted to me that he would like to occupy the chair of surgery in this college at a time when that chair was vacant. Some of the faculty informed him that the position was open to him, and he at once accepted the position, subject to the approval of the county and State medical societies of his own school. By these learned bodies he was informed that

he must submit to ostracism from his own school if he should presume to accept it. This, of course, he could not afford to do, and this liberal-minded and enlightened physician, who was so far in advance of the bigotry and narrow-mindedness of his own school as to be an honor to it, of which they were not worthy, was compelled to relinquish the project. *O tempora! O mores!*

Still another instance of bigotry pure and simple:—

Waiting one day at the ferry depot at San Francisco, in company with a very prominent M. D. of the old school, one who may well be classed among the first physicians in San Francisco, he was decrying, as usual, our college, and abusing me for my connection with it, when our Dean, Dr. Maclean, happened to pass. Thinking that the personal appearance of that gentleman would, at least, create a favorable impression upon my learned friend, for certainly,

> "Not his the mien, not his the eye,
> That youthful maidens wont to fly,"

I directed his attention to him and tried to induce him to look in the direction in which he was passing. To my utter astonishment he refused to do so and turned his head in an opposite direction, that he might not, I suppose, suffer contamination by gazing upon an eclectic. Could prejudice and fanaticism farther go than that? And yet this gentleman was a man of liberal views on most subjects, and a man who had traveled extensively, and was in all ordinary matters in life a sensible and just man. It is a strange fact that these very wise and learned gentlemen who affect so much superiority over medical men of this school, know little of the men or medical system they attempt to criticise. If they would only give the subject a careful and intelligent examination, this prejudice and bigotry would vanish immediately; but, unfortunately, it is the prejudice and bigotry of ignorance, and therefore the more difficult to remove. Is it then to be wondered at that occasionally it appears to an eclectic physician that patience ceases to be a virtue, and he has recourse to that character of argument which some of the more ignorant and narrow-minded of the other side of the house are alone capable of appreciating?

Let us see if there is any real foundation on which to base their claims to superiority, and this involves an inquiry into the systems of the two different schools.

Eclecticism in medicine was in its origin simply a protest

against some of the errors and abuses of the old school. It had become the settled practice before the era of eclecticism for the physician, in many cases, to deplete the patient and administer so-called remedies, that tended to diminish his strength, already impaired by the ravages of disease. Eclecticism proclaimed, in no uncertain tones, the error of this method of treatment, and maintained that the only rational treatment was to assist nature, and supply to an impaired and impoverished system the strength and tone of which disease had deprived it; and so with the new school, the lancet ceased to play so conspicuous a part in daily practice, and its votaries discarded those remedies which had been shown to have a deleterious effect upon the system, and sought for other remedies that would accomplish the same object without being followed by the same unfortunate after effects. The old school was obliged to acknowledge their errors, and in some degree mend their ways, but they have never forgiven the men who pointed those errors out to them. Eclecticism represents a grand principle. It wears no chains and bows slavishly to no creed or dogma. Its spirit is the spirit of freedom and progress. As its name implies, it selects the good from all sources and from all systems of medicine and has retained and assimilated all that is worthy of being retained and assimilated from the old school. As a special characteristic, it has, more than any other school, studied the effect of particular drugs upon particular tissues. But it is its progressive nature that principally distinguishes it from the old school. They are not content to move on forever in the well-beaten pathways, but often leave them to open up new and undiscovered countries. More than any other school they are constantly adding to their pharmacopœia. Valuable remedies are often in daily use ten, twenty, thirty years and more before they are adopted by the old school, and when at length that school, with its proverbial slowness, is finally aroused to a consciousness of the extreme value of these remedies, it rejoices over the, to them, new discovery with all imaginable enthusiasm, regardless of the fact that they have been standard remedies among eclectics for years and years. The old school represents conservatism of the narrowest type. The new school, or eclecticism, represents liberalism and progress. The principal difference, then, between the old and the new school is in the department of *materia medica*

—the latter, on account of its spirit of investigation and liberalism, having at its command a wider range of remedies for most of the various ills that flesh is heir to.

Said a very intelligent practitioner of medicine to me one day: "There is no real difference between well edu cated medical men of the two schools. We are really eclectic. We repudiate the name allopath. The other side has assumed a name to which we are entitled; let them take away their name and we will be with them at once." Here, then, according to this learned gentleman, the only reason that old school physicians could not consult with eclectics was on account of their name. Verily, there is something in a name after all, the Bard of Avon to the contrary notwithstanding.

In truth there is very little difference between many recently educated, liberal-minded, old school physicians and eclectics. The particular differences I have already pointed out. One of them, we have just seen, reduced that difference to a name. On what, then, gentlemen of the old school, do you base your pretensions to superiority? The old school numbers among its members many noble-minded men—men who have outlived their early prejudices, and who are essentially eclectics in their practice. Such men consult with physicians of all schools and recognize a true medical man, no matter what may be his medical faith. And there is a larger number still who recognize the fact that there is no good reason why there should be any barrier between old school physicians and eclectics, but they dare not act upon these views on account of their medical code, which compels them to refrain from meeting them professionally, and they cannot free themselves from the tyranny of their school. Ah; that glorious proclamation of Abraham Lincoln, that at one blow struck the fetters from four millions of human beings, did not wholly abolish slavery in this country, for it still left in our midst an institution, the old-school system of medicine that has ever encouraged and still seeks to perpetuate the most abject kind of slavery—that kind of slavery that fetters the spirit and enthralls the mind. While this prejudice exists on the part of old school physicians against all medical men of other schools, the position of eclectics is one that should certainly command respect. For the benefit of the public they stand ready to consult with all respectable physicians, no matter to what school

they may belong. As for themselves, they care nothing for the antagonism of the old school and do not court its favors. They can well afford to stand alone upon their own merits, and they regard the attitude of the old school toward them with perfect indifference.

"The man o' independent mind—
He looks and laughs at a' that!"

Gentlemen of the old school, I have spoken plainly; but what I have said has been said *pro salute animæ*, and in no spirit of malice. I have spoken in sorrow, and not in anger. Some of you are among my most esteemed friends, whom I respect as physicians, and honor as men. As a body, it would be folly to deny you learning and skill, and the possession—and what is more, the practice—of many of the most ennobling virtues; but this singular, and to us laymen unaccountable prejudice on your part, is the one stain upon your otherwise unblemished character. It is like the bar-sinister upon the family escutcheon, only the latter must remain forever, and the former may be removed—but I must speak more plainly still. The public is growing weary of this spirit of intolerance and bigotry, and can see no good reason why it should not have the benefit of the combined advice of representatives of any two or even of the three different schools. Your prejudice, so far as eclecticism is concerned, is certainly groundless. Your school, with its teachings of exclusiveness, is an anachronism, and, unless it ch nges in this respect, has no right to an existence in the latter half of the nineteenth century. This is an age of unrest, of experiment and investigation, and nothing is held sacred that will not stand the crucial test of reason. Science and reason, hand in hand, are walking to and fro in the earth to-day, demanding of every faith, of every creed, of every dogma, doctrine and theory, its *raison d'têre*, and even now, if you will but listen, you will hear them knocking at your door. Wrapped in your mantle of exclusiveness, you are, in the sense I allude to, fast being weighed in the balance of Time by the hand of Experience, and will soon be pronounced wanting. There is dissension in your own ranks; there is open mutiny and rebellion among yourselves. The old proverb has it, "When doctors disagree, who shall decide?" It is the Sphinx's riddle of the ages, and no man has answered it. In one view the answer comes swift, sure and inevitable: "The public shall decide." It has already decided that this prejudice and

exclusiveness of yours must give place to more enlightened views. In the State of New York, where other schools are well represented, and where there is a large number of homeopathists, the members of the old school found that, unless they consulted with them, they would suffer serious pecuniary loss; so, in the early part of the year 1881, the New York State Medical Society adopted a new code of medical ethics, in which this provision was inserted, "Members of the medical society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation with legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity."

This was, certainly, a most reasonable provision, and one to which you might well suppose no exception could possibly be taken, and you will observe that it provided for emergencies of the very character mentioned in the first part of this address; yet, *mirabile dictu*, such a provision was deemed much too liberal by the American Medical Association, the national association of the old school, a sort of supreme council among them, which assumes control over State societies, and this autocratic body refused to recognize all delegates from the State of New York who declined to abide by its particular code of ethics, which we have already seen provides that, under no circumstances, shall a member of the old school consult with members of any other school of medicine.

The medical society of the State of New York, however, as a body, refused to be dictated to by the national association, and adhered to their new code, although quite a number seceded from the association. So that, gentlemen of the old school, the State medical society of the great State of New York is in open rebellion against you, and has emancipated itself from your thraldom. About a year ago in our own State, a prominent member of the old-school State society proposed that this barrier of exclusiveness should be removed, but he was a little, and I believe only a little, in advance of the times, and his views were not adopted. As the members of the other schools increase, soon other States will be heard from, and, one by one, asserting a manly independence, they will follow the dictates of reason and the promptings of humanity, and refuse longer to recognize an

effete code of ethics that places any obstruction upon the freest possible professional intercourse between members of the different schools. Yes, gentlemen of the old school, your doom in the sense spoken of has been pronounced. The hand-writing is upon the wall, requiring the calling in of no wise man to interpret it into the vernacular; "He who runs may read," and make no mistake. You have builded your house, not upon the solid rock, but upon the shifting sand, and now that the rains are descending, and the floods are coming, and the winds are blowing and beating upon that house, it will surely fall. Even now it is tottering on its foundation and quivering in every fiber of its structure. Be warned, then, in time; come away quickly; leave the old, time-worn wreck, lest in its fall it involve you with it in one common ruin.

HAVE ABNORMAL GROWTHS NEW ELEMENTS?

BY D. D. CROWLEY, M. D.

WE have often heard of new growths occurring in some tissue of the body. These often take on a retrograde metamorphosis in the form of ulceration. Hemorrhage follows, and ultimately death; or the neighboring lymphatics are invaded, and lastly the thoracic and abdominal viscera. New growths are frequently a hyperplasia of the tissue elements, which generally effects an inactivity of the various organs in which they are incorporated. The lungs, when they are the seat of deposits, are tardy in giving up their oxygen to the blood, the kidneys their urea, etc., and all organs so affected fail to fulfill their proper offices, and consequently death ensues.

If we carefully examine a new growth with the microscope, the cellular tissue in this growth is in no way unlike the pre-existing cellular tissue, or physiological cellular tissue of the body.

In inflammation there is frequently a proliferation of tissue elements. They become organized and give to their seat an abnormal appearance. It is called a new growth, but does not consist of other than physiological elements. To begin with, there is only an abnormal dilation of the blood-vessels; this permits the exudation of liquor sanguinis and a few blood corpuscles. By the action of the liquor sanguinis without the blood-vessel, the cellular tissue swells and pro-

liferates—if the inflammation is very intense, pus would result instead of an organized growth. All new growths, including tumors, both malignant and non-malignant, are usually only the result of the too rapid multiplication of pre-existing tissue elements. This multiplication is produced by, (1) simple division, which in every way resembles the division of the human ovum. (2) Endogenous growth where a vacuole is formed in the protoplasm of the cell in which new cells, resembling the mother cell, are seen. Whether the new cells are formed from the protoplasm or nucleus, is not yet understood. (3) Gemmation; this process is not as frequent as the former. The protoplasm of the cell takes on the form of a dumb bell, having a distinct constriction in its middle. This constriction lessens, and ultimately divides the cell into two.

As well as the preceding processes in the formation of new growths, we have a different cause for the increase of tissues, called hyperplasia. This is very dissimilar to multiplication of cells, for in it the tissue elements only enlarge by the excessive absorption of other matter. A lipoma might be said to form by hyperplasia. Frequently when a part of the body has been the seat of irritation, especially where fat normally exists, a lipoma results. This, however, is not the result of the multiplication of cells; it is only the enlargement of each individual cell. They collectively form a tumor weighing a number of pounds, which, if situated subcutaneously, causes the skin to be considerably elevated. Accompanying hyperplasia, ulceration seldom takes place, and therefore a fatty tumor may remain for years without breaking down. A cystic tumor is what we might consider a growth which is formed more from a mechanical interference than from a multiplication of cells. In the sebaceous tumor (cystic) the duct is obstructed, the gland fills up with epithelii, which line its interior. The accumulation of the secretions of the gland, and numerous epithelii cause the wall of the gland to expand, and hence the tumor.

The myoma, osteoma and fibroma are the result of the multiplication of pre-existing cells.

Cancer, the most malignant of all tumors, consists of a net-work of fibrous tissue, arranged in the form of alveoli. The alveoli so formed contain pre-existing epithelii which are in contact with each other. The relation which these cells hold to each other (in contact in alveolar spaces) is the dis-

tinguishing feature of cancer, and yet every element of a cancer is only physiological. Therefore, as a finale, we would say that a tumor or a new growth is not composed of new elements, but of an excessive multiplication of cells newly arranged.

ARE CRIMINALS RESPONSIBLE FOR THEIR ACTS?

BY F. CORNWALL, M. D.

IN the construction of laws for the regulation of criminality, it is eminently just that a proper conception be had as to the forces that impel individuals to commit overt acts. It is customary to punish the criminal as an individual deeming that he deserves death in payment for the life he may have taken. We, as biologists, do not believe that the criminal should be punished because he is to blame for his wrong acts. We look upon viciousness in any form as a result of asymmetry of development, and that it does not differ from disease in this respect. If our physical structure is so unbalanced and defective as to bring about conditions known as disease, the intellectual or moral nature, *a priori*, may be subject to the same influences. The offspring inherits an organization partaking of the peculiarities of both parents. Should the "cross" be such that the vices of both be increased, and the virtues be lessened, so that the bad preponderate over the good, this individual, when presented with an opportunity, will surely be impelled by his stronger impulse, and in this way law-abiding parents may beget vicious and criminal children. This impelling influence is determined by peculiarities of physical development, the shape and texture of the brain.

It is well known how perfectly the offspring receives the joint physical organization of its parents, and how imperfections or asymmetries are transmitted. If both parents have weak respiratory organs, the offspring may be non-viable, but should one be strongly developed in this respect, the weakness of the other may be compensated, and the offspring pass through life without disturbance of the organs.

The observer must concede that the moral nature is as much a matter of heredity as the physical, and that the environment of an individual while in a state of growth has but little to do with the ultimate preponderance of develop-

ment of particular parts physically, and consequently morally. Then the question arises, Does the criminal deserve punishment for his misdeeds any more than the sick for his diseases? We take the radical ground that human beings are not to blame for their vicious deeds, nor do they deserve praise for their virtuous acts. We indulge in deeds of vice or virtue because our organization impels to them, and the ruling passion, or inclination, is only kept from activity for want of opportunity to exercise it, or by a sufficiently powerful restraint. Pride or cowardice may restrain us from the act of theft, while so far as the act of injustice is concerned, we would appropriate the wealth of the Rothschilds without a pang of remorse. Some are restrained from the committal of statutory crimes by cowardice, but when fortified by the law, will rob their best friends and send them to the almshouse. There are those who are generally truthful in their statements concerning matters of every-day life, and others again with as distinct characteristics of the opposite kind. They avoid the truth even when it would suit better than a falsehood. And yet these story-tellers are not of necessity bad, but in other respects may be constituted so as to be the best of citizens. Because an individual is vicious in one respect, it does not signify that he is in others.

The question arises regarding the punishment of those adjudged insane. When our law-makers and those who execute them come to view the subject in the light that it is not a question of responsibility to be taken into consideration, but protection to society, and the restraint of those who are inclined to commit overt acts, then a better condition of affairs may be brought about. When the celebrated Giteau was on trial, the great question was to decide whether or not he was responsible. We took the position that he was insane, but had better be executed; that it was necessary to make an example of him to prevent the multiplication of cranks like himself.

The insane, in many cases, may be restrained through dread of punishment, as well as the drunken man, and it is a well-known fact that a well-organized police has a sedative influence on these individuals.

This is our position, then, that the criminal, let him be intoxicated, sane or insane, is impelled to his vicious act by a ruling propensity, and that the circumstances had as much

to do with the act as the individual. That, consequently he is not to be blamed, but should be made to suffer such a penalty as will best restrain him from further acts of the kind, and also set such an example before those similarly inclined as might restrain them also.

CASES IN PRACTICE.—HEMORRHAGIA.

BY W. T. WILLIAMSON, M. D., FORT BRANCH, INDIANA.

IN September, 1882, Mrs. J. D., a delicate, anæmic woman aged forty-four, menopause troubling her, menses three to eight weeks apart, hemorrhagia profuse. Prescribed as follows:—

℞. Tr. rhus aromatica			c. c.
" macrotys	āā	4	"
" pulsatilla		2	"
Ad. aqua q. s. ft.		65	"

M. Sig.—Teaspoonful every three hours.

Was called again in about three weeks; complained of pain in posterior of head, nausea, hemorrhage profuse. Was puzzled what to do; thought of course my previous treatment was a failure, but to my surprise she commenced to tell of the magic effects of my first medicine. So I renewed my prescription and heard no more of the case for three months.

In the spring of 1883, daughter of Mrs. J., aged eleven, well developed physically. Mother stated that she had menstrated regularly since her ninth year, but was now flooding terribly. Prescribed:—

℞. Tr. rhus. aromatica			c. c.
" macrotys	ā ā	4	"
Ad. aqua q. s. ft.		65	"

M. Sig.—Teaspoonful every two or three hours.
Requested her to report again, which she did in three or four days. Patient slightly improved. Renewed the prescription. In three days the patient was well.

The next case was Mrs. S. D., aged forty-two, living sixteen miles southeast in the country. Was sent for by the attending physician to hold consultation; got there about eleven o'clock P. M., found patient white as a marble slab. Pulse scarcely perceptible, stomach very irritable, fainted every time she was raised up. Flooding all the time. My

first thought was that she "would be with the angels" before morning, and thought the best thing to do was to let her alone. After talking the matter over with the old doctor, I found that he had done almost everything and was dosing her every half hour. I (or we) ordered all medicines stopped till morning. In the morning, contrary to all expectations, she was better, had rested better, was raised up without fainting, the first time in two weeks.

Prescribed same as for first patient. She improved slowly but steadily, had some heart trouble, for which I prescribed cactus and pulsatilla, which relieved that difficulty. I have read much concerning the good results of rhus aromatica, in such cases, and from my experience with the drug, so far, am well pleased with the result.

Let us hear from others, of favorite prescriptions for certain symptoms and conditions of disease, and thus further on the good work of relieving suffering humanity and helping one another.

CARIES.

BY D. D. CROWLEY.

THE first case of caries that I am about to describe, was that of the superior maxillary, in a young lady of about nineteen years of age. For one year an offensive discharge issued from a small fistula in the mucous membrane, where it reflects from the labia superioris to the superior maxillary. By carrying a silver probe through the fistula, I learned that a considerable portion of the superior maxillary bone was wanting, and by pressure from without, the tissues over the bone could be abnormally depressed.

In operating, by an incision, I separated the lip and ala of the nose from the bone. The incision was made through the mucous fold that is reflected from the lip of the bone. The soft tissues were drawn well up, and, by the means of a bone chisel, all of the superior maxillary, from the orbit to the roots of the teeth, was removed. Torsion and cold water arrested hemorrhage. The ala of the nose was brought into place. A piece of surgeon's cotton was next introduced into the antrum and allowed to protrude externally between the teeth and the lip. The face was held firmly by adhesive strips, and in a few days the soft tissues grew firmly to the bone. In one month a cartilaginous substance nearly took the place of the removed bone. This operation was

performed without a single incision having been made through the integument. The after treatment consisted of tonics and alteratives, and twice a day warm, carbolized water was thrown into the antrum through the passage kept open by the tent.

The second case of caries was that of the right frontal bone, in Mr. W. It extended from the nasal eminence to the temporal ridge, involving the frontal eminence and the supra-orbital arch. A fistula was present through the integument in the fold formed by a depression between the base of the eyelid and frontal bone. From the large quantities of pus continually discharged through this fistula, and the diseased bone in the vicinity, the eye had become inflamed. The entire body, too, showed signs of prostration. Made an incision from the temporal ridge to the nasal eminence, over the superciliary ridge, and carefully removed all of the honey-combed bone. United the lips of the wound by sutures, allowing the central part of the wound to remain open, in order that drainage might be carried on. This was effected by the interposition of a pledget of cotton, saturated with carbolized water.

For the first week carbolized water was injected into the wound sufficiently to bring away the forming pus, and also great pains were taken to remove any small piece of dead bone. The fistula over the eyelid closed, and the incision made in the operation became one-half of its original size, but it was next to impossible to cause granulations to spring up and take the place of the outer table of the skull, which was removed. Pockets of pus would form some distance away from drainage, and would have to be opened up from time to time, and in each of these new situations I would again use the chisel and remove more diseased bone. I operated four times within three months upon this case. After the last operation, however, there seemed to be a decided improvement, and shortly pus ceased forming, and the wound repaired. All tenderness and pain disappeared and only a slight depression of the integument remained. It was one of the most difficult cases that I have ever met.

THE TREATMENT OF GONORRHŒA.

BY H. APPY, M. D., SAN FRANCISCO.

MANY of the journals that have come to my notice of late have contained articles entitled "Gonorrhœa." The title of each suggested some new remedy, or an old one newly applied, but each time the article failed to sustain the suggestion. It was the same old story: Plumbi acetas, zinci sulphas, morphiæ acetas, hydrastis, etc., all very good remedies in their way, but in this disease not as potent in my hands as some others.

I claim no new discovery or magic lotion that always cures every case, but wish to call your attention to a simple remedy that has proven successful when the above have failed. I have no doubt its simplicity has caused other practitioners like myself to overlook it, and select the more pretentious ones. I have often read in my text-books the prescription with vini rubri for its basis, but gave it no thought until my attention was called to it by a patient who had suffered from gonorrhœa for nearly a year. During that time he had been under the care of the best "regular" physician in the community, and was finally cured by simple claret injections.

A few days later a patient presented himself who had suffered with gonorrhœa for three weeks. During this time he had been under the best "regulars" with no improvement. I gave claret injections and apis. mel. gtts. 30, aqua q. s. ʒiv. Sig.—Tea-spoonful three times daily. In one week he reported himself well. I find claret the most effective in the first stage. If it has passed on to ulceration I use the urethal suppository of iodoform.

The homœopaths use vini rubri and aqua equal parts and add as many grains of tannin. I cannot see the advantage of robbing it of its efficacy with water and trying to replace it with tannin. I prefer the natural astringent property of the claret, to which it undoubtedly owes its virtue in contracting the capillaries and reducing the amount of blood in the mucous membrane and thus over coming the inflammation.

USEFUL FORMULAS.

BY J. W. STOCKTON, M. D., WASHINGTON, PA.

PRURITUS VULVA.

The following formula is from R. S. Newton, M. D.:—

℞.	Pulv. borax.....	ʒ ss. (½ oz.)
	Sulphate of morphia.....	gr. vi. (6.)
	Decoction of hydrastis	ʒ viii. (8 oz.)

Dissolve the salts in rose water and use as a topical application.

DIARRHEA MIXTURE.

℞.	Tinct. catechu.....	ʒ ii. (2 dr.)
	Oil peppermint minims	vi. (6.)
	Ext. opii liquidi minims.....	xiii. (13.)
	Mistura cretæ ad. fld.....	ʒ iv. (4 oz.)

M. Sig.—Tea-spoonful every time the bowels are moved.

CARMINATIVE.

A carminative is infantile colic.

℞.	Tr. assafœtidæ.....	gtts xv. (15.)
	Tinct. cinnamomi.....	ʒ ss. (½ oz.)
	Sodæ carbonas.....	ʒ i. (1 dr.)
	Syr. rhei aromatic.....	ʒ iii. (3 dr.)
	Aqua.....	ʒ iss. (1½ oz.)

M. Sig.—Half tea-spoonful every three hours.

SULPHUR OINTMENT.

Specific for itch.

Sulphur	1 lb.
Lard	4 lbs.
Oil of bergamot	ʒ ii. (2 dr.)

M.—Apply to irritated parts. To be kept in stock.

CARRON OIL FOR BURNS.

℞. Lime water and Linseed oil equal parts.

Apply on cotton or lint.

CIRRHOSIS OR SCLEROSIS OF THE LIVER.

BY H. T. WEBSTER, M. D.

INTERSTITIAL inflammation of the liver is sometimes the cause of a long train of symptoms preceding a final fatal termination, where the attending physician is at a loss to

account for the situation or character of the cause. This remark does not apply to those who are constantly investigating morbid phenomena, and comparing them with the processes of healthy life, but to those busy practitioners who, hurried by the multiplicity of their cares, neglect to carefully analyze their uncommon cases.

When the symptoms of this disease are considered with respect to the pathological changes undergone, and the functions interrupted or disturbed thereby, they will appear almost as rational sequelæ of simple mechanical obstruction of the portal circulation. However, to these must be added the results of a suspension of the full performance of the important glandular offices of the organ.

Not long ago, in company with Drs. Crowley and Thrailkill, of this city, I attended an autopsy which demonstrated some of these points. The subject, a man about forty years of age, had been a sufferer from dyspeptic symptoms for about five years prior to his final illness. Two years before death, he became subject to slight internal hemorrhages, which first occurred at intervals of several months, and gradually increased in quantity and frequency as time passed on. There was no cough worthy of mention, and the blood ejected from the mouth was not frothy, but still his regular attendant, an eminent homeopathist, insisted throughout upon calling the hemorrhage the hæmoptysis of phthisis, in face of the fact that occasional black, tarry stools suggestively referred it to another source. The muscular system was fairly developed up to death, too well to admit of the idea of phthisis, the patient having been a carpenter in the employ of the Central Pacific Railroad, until a few months previous to that time, when the hemorrhages were so aggravated by manual labor as to demand its complete abandonment.

About two weeks before death, Dr. Thrailkill was called to attend the case, and I was invited to see the patient with him soon afterward. A striking feature now was the extreme pallor of the patient, the result in every probability of the oft-repeated hæmorrhages to which he had been subjected, it being more obvious, probably, for the reason that he was of the light-haired, fair-skinned variety. A slight icteric tinge could be detected upon close inspection.

Examination of the abdominal region failed to throw any

important light upon the nature of the disease. The walls were not emaciated, as might be expected in carcinoma, nor was there evidence of abnormal deposit about the pylorous or other portions of the canal. There was not marked tenderness over the stomach as might be expected in gastric ulcer, nor did the history of the case disclose the presence of severe pain at any time during its course. The liver seemed hardened in a slight degree through the parietes, though, on account of their thickness, this could not be discriminated as a marked symptom. Particular notice of the superficial abdominal veins was, unfortunately, not taken at this time.

Auscultation of the chest failed to discover appreciable change from the normal respiratory sounds, though there was evidence of serous accumulation in the pericardium, the entire circulation being extremely feeble.

Upon comparing notes with Dr. T., I found that he agreed with me in locating the primary disease in the liver, and in ascribing the cardiac affection to disturbance of the portal circulation—a secondary result.

The symptoms complained of were not such as tended to throw much light on the nature of the disease. There was little or no pain or discomfort, except what arose from extreme debility. Dyspnœa, palpitation of the heart, indigestion, nausea, constipation, and dread of impending hemorrhages were what harrassed the patient most. Upon the day of death, he voided a large quantity of decomposed blood at stool.

The autopsy proved the lungs to be unaltered, except from those general tissue changes undergone by the body at large, viz., extreme anæmia and increased friability of impoverished structure. The air cells were uniformly pervious to all appearance, and there were no signs of tubercular deposits, vomicæ or hepatization. The pericardium was distended with serum, and the walls of the heart were pale and flabby, the right ventricle containing a clot. The stomach was of abnornal size, being dilated to, perhaps twice its normal capacity, and its lining membrane was denuded of epithelium in spots in the neighborhood of the pyloric extremity. The spleen was congested and the tissues of the pancreas disorganized in one locality. However, the liver was the organ emphatically altered. The left lobe was almost gone, the entire organ being contracted into

a conelike, firm, inelastic mass, while its surface, the border especially, presented numerous nodules, varying in size from that of a nutmeg to that of a walnut. Upon incision, its tissues, which were hard and resisting to the knife, were found firm and fibrous, mottled with irregular pigmentary deposit and infiltrated with biliverdine. The cystic duct was obstructed.

Cirrhosis of the liver is the result of a chronic interstitial inflammation, by which the connective tissue of the organ increases at the expense of the glandular structure and the vessels connected with it. Thus the capillaries of the portal vein, hepatic artery, and cystic duct become compressed and finally obliterated. The compensating organ between the pulmonary and systemic circulations, the heart, becomes exhausted from over-work in maintaining the proper relations, with this disturbed equilibrium, and debility and effusion result. Obstruction of the portal vein causes engorgement of the capillaries of the stomach, pancreas, spleen, and intestine, and blood being constantly urged into them from the cœliac axis and superior and inferior mesenteric arteries, the continual hyperæmia gives rise to nausea, diarrhea and a diversity of other unpleasant symptoms. The capillaries of the mucous membranes are liable to give way when undue exertion increases the blood pressure, to result in hæmatemesis and intestinal hemorrhage. Protracted loss of blood, arrested assimilation, disturbed chymification, chylification and hepatic function lead to anæmia, debility and death.

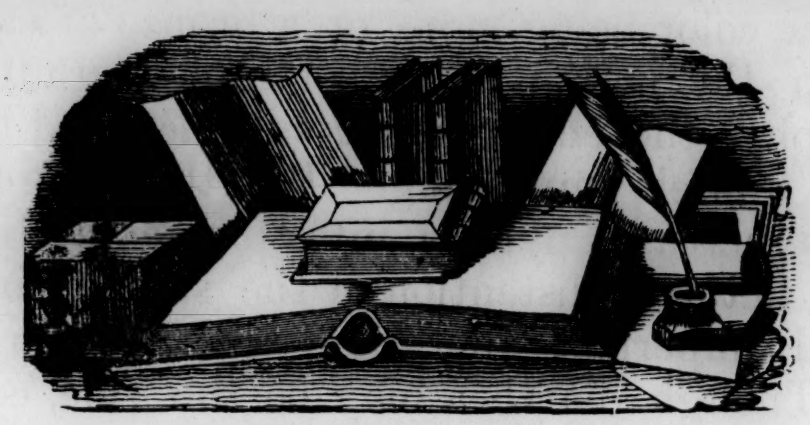
Though not confined tothem in its etiology, three common causes of cirrhosis may be mentioned: (1) syphilis, (2) alcoholism, (3) malaria. The disease is not a rare one, and is often overlooked from want of proper consideration of the anatomy and physiology of the portal circulation.

Résumé.—The symptoms of cirrhosis may possibly be referred to again with advantage, as they have been somewhat cursorily mentioned in this article. First, in the early stages there will be those arising from a congestive condition of the liver, giving rise to increase in weight and bulk, with dragging in the right hypochondrium and bulging below the ribs with probably gastric and intestinal disturbance more or less marked. Tenderness of the liver, with pain in the right side, may now attend, though these symptoms are not pronounced enough to attract particular attention.

Slight icterus may exist, though jaundice is not a prominent symptom, the color being more of a bronze or earthy character. Then the period of hypertrophy gradually gives way to atrophy, the enlargement subsides, and the patient may believe himself improving. But the gastro-intestinal disturbances increase; pyrosis, intestinal catarrh, vomiting after eating, flatulent distention of the stomach and bowels, difficult and imperfect digestion, with craving appetite alternate. Though diarrhea may be the rule, constipation sometimes attends, occasionally proving a source of great discomfort. Sooner or later the turgesence becomes relieved by capillary hæmorrhage into the *prima viæ*, from which it escapes per mouth and anus. In consequence of the impeded hepatic circulation, the minute veinules upon the surface of the abdomen, forming the anastomosis between the epigastric and internal mammary veins, become very much enlarged, defining an irregular feather-shaped figure over the abdomen. Communication is also established between the superficial abdominal veins and the accessory vena portæ of Sappey, and this is indicated by the presence of an irregular ring or cushion of distended veins about the umbilicus. Palpation may now detect the liver abnormally firm and hardened through the abdominal walls. Cardiac disturbances arise in the meantime; there is palpitation and dyspnœa; the heart sounds are muffled and feeble, and the pulse small and compressible. Œdema of the ankles, or other dropsical effusions now appear. The patient becomes emaciated and prostrated. Repeated hemorrhages increase the anæmia, and the processes of assimilation are interrupted through imperfect circulation in the digestive organs. Gradually, day by day, the patient loses strength, until, finally, an exhaustive hemorrhage closes the chapter.

A FRENCH physician, M. le docteur Balette who has been observing the action of salicylate of soda upon the uterus, concludes that in ordinary therapeutical doses it calms the pains of dysmenorrhœa, promotes the activity of the catamenia, and in some cases brings about their reappearance. Large doses were found to produce abortion.

THE attention of our readers is respectfully called to our advertising pages. Do not fail to look them over.



EDITORIAL.

To SUBSCRIBERS.—A single pencil mark across the margin opposite this note is a receipt for the present volume. It should appear in the issue following the sending of the subscription price. A *cross* instead denotes that the subscriber has neglected to pay for his last volume. Send postal orders if possible. Price one dollar per annum, in advance.

"**Life Is What We Make It.**"—The title of an old school-reader exercise, conned in halcyon days, until its every word was as familiar as an old friend, may afford text for a few remarks upon the issues of the hour.

The every-day life of all our acquaintances emphasizes the remark. Look at the sad, the despondent man in his funeral march along the way. To him life affords little but fears and forebodings. Few gleams from hopeful prospects light up the horizon of his future. To him every atmospheric vicissitude is an omen of evil, every ache and pain an indication of approaching dissolution. He feasts on the anticipation of future misery, and gloats over the prospects which his neighbors afford of necessity for future expiation of sin. For such men we have little pity, however much we commiserate those who must endure their company, for their lives are as they make them. True, their circulating fluids may be tinctured with gall. They may be oppressed by the impurities of their physical being, yet reason and experience should teach that a "merry heart doeth good like a medicine."

Look at your brave, cheery man the while. Dark and heavy indeed must be the clouds which overshadow him if he cannot see some cause for congratulation, some reason for

hope. He smiles at the worst adversities and lifts his friends and companions up by his own inspirations. For him life presents no hopeless prospects. He meets all adversities as cheerful experiences and lays him down at the end without a murmur.

But this is not a camp-meeting, we must talk medicine, or be ruled out. Yet why may not the text apply to the cause of eclectic medicine on the Pacific Coast. We have no despondent view of the subject, yet there may be those who have. If so, we say: "Brother, gird up your loins and go into the fight hopefully. You can never aid us by looking disconsolately upon the subject; possibly you may give countenance to the enemy. Never has there been more cause for congratulation than now. The worst efforts of malignity and misrepresentation have failed to unhorse us and sturdy leaders have weathered some hard gales. Upon every eclectic devolves the duty of making success an eminent one and adding tenfold to present acquirements. Speak of our college as it deserves, and aid us all in your power if you are with us. If we need purging, please administer the remedy and we will swallow it cheerfully, provided we recognize the hand of friendly intent in the action."

We are striving to improve the respectability and honor of the school. If you doubt it, say so, and point out the particulars in which we fail. If you do not doubt it, and value the jewel consistency, come along with us. "He who is not for us, is against us," and every eclectic who fails to use his influence to advance the interests of our college whenever opportunity offers, stands in his own light. He who encourages the attendance of students upon lectures at any other institution than ours, embarrasses his own interests if he intends to remain with us permanently, and figure as an eclectic practitioner.

We repeat the request, If we fail, as teachers, in thoroughness, in earnestness, in ability, please point out the reason. Offer some good cause for disaffection, or stand with us.

We have no wish to use anything but friendly words to any of our readers, for we have no old score to pay off. We earnestly desire the co-operation of all, in a unanimous effort for a respectable standing. If we have written hard words, they were aimed at actions, not men, and were intended for the good of all concerned. Let us down with quackery, with hypocrisy, with shamming, with prostitution of honor, for lucre and selfish aims, and hold high the banner of legitimate medicine and medical progress. Let these terms be synonymous with Pacific eclecticism.

Rectal Administration of Ether.—Every day brings something new. Almost every day brings something new in medicine or surgery. Whether that something will successfully supplant the old is another proposition. Recently European surgeons have been experimenting with the rectal administration of ether for its anæsthetic effect, and their example has been imitated by a few Americans.

Dr. W. T. Bull, surgeon to the New York and St. Luke hospitals, has collated his experience with this method of anæsthetization in seventeen cases, in what seems to us a very impartial manner, for publication in the *Medical Record.*

From this and the testimony of Dr. J. B. Hunter, published in the same number, we are disposed to believe that the method will hardly become popular, though it may figure as a means of resort where operations about the face demand that all hindrances be dispensed with as much as possible. In cataract, enucleation, or other operations by the ophthalmologist, as well, indeed, as any other surgical procedure where returning consciousness would necessitate an occasional embarrassment to the surgeon for the inhalation of the anæsthetic, it might be resorted to with propriety and wisdom. Even then, however, in private practice, it might be difficult to overcome the objections of the patient who would ordinarily require some powerful argument in order to be persuaded to consent to this unique, and, possibly, disgusting method.

The argument urged in its favor is that it suppresses the period of excitement, the patient yawning and going off into unconsciousness and stertorous breathing without a struggle, though the experience of Dr. Bull disproved the assertion that this was the universal rule. In some of his cases a period of excitement necessitated resort to inhalation, in order to complete the anæsthetization.

Another is that it permits the regulation of the dosage much better than in the old plan by inhalation. Still, even in this case, the ether escaped from the bowel in some instances. To those who are easily nauseated by the odor of the drug the plan may commend itself.

One serious objection to its use is the irritating influence which the drug exerts upon the mucous membrane of the bowel. In seven out of the seventeen cases of Dr. Bull, diarrhea followed. In two of these the dejections contained blood. Though this condition subsided rapidly without the use of remedies to control it, the suggestion of the results of incautious and protracted administration in this way is not pleasant.

On the whole, then, we may conclude that it has been demonstrated that anæsthetization by the rectal administration of ether may be successfully employed in the majority of instances, and may be preferred where operations about the face render it desirable that the surgeon be not interrupted, or where the drug produces extremely unpleasant results from inhalation. As a rule, however, the old plan by inhalation is to be considered preferable.

The plan of administration consists in connecting a hard tube (a vaginal nozzle of a Davidson's syringe was employed by Dr. Bull) with two feet of rubber tubing attached to the neck of a bottle containing the ether, so that none can escape except through it. After introducing the tube into the rectum, the bottle of ether is to be placed in a vessel containing hot water (120° to 140° Fahr.). Upon this the ether boils and gives off its vapor actively to enter the bowel. The hot water may need to be renewed before the operation is completed.

Foot and Mouth Disease.—A peculiar disease has appeared among the bovines of America during the past winter, which possesses interest to medical men, on account of the fact that it has been known to be communicated to man. The disease is not strange to certain parts of Europe, but if known here before, it has not been general enough to attract public attention.

The time of the earliest appearance of the disease is a little uncertain, but it is known that a herd of infected animals was landed by an English steamer at Portland, Maine, February 2d ult. Very near this time it also appeared in the Western States, notably in Kansas and Missouri.

It seems essentially an aphthous fever, which begins with "roughness of the coat, shivering, increase of temperature, dryness of the muzzle, hot, red mouth, teats, and interdigital spaces, lameness, inclination to lie down and shrinking from the hand in milking. The second or third day blisters arise on any part of the whole interior of the mouth one-half inch across. Saliva drivels from the mouth, collecting in froth around the lips, and a loud smacking is made with the lips and tongue. Some champ the jaws, and both sheep and swine suffer much in their feet, often losing their hoofs."

The propagating virus is said to be very durable in its infecting qualities, lasting for a long time in a stable which has been occupied by a diseased animal. The tracks of one of the hoofs which are affected may propagate it; also it may be carried on the feet or on the clothing of a person attending a diseased animal, to healthy ones.

So virulent has it been in Kansas that a special session of the legislature was called for March 13th to consider means for arresting its spread. While pecuniary interests of the State were doubtless principally considered in this move, these are not alone at stake.

The relation between contagious diseases in man and the lower animals, in other instances, affords significance in this particular case. Physicians so placed as to be enabled to con-

veniently observe the disease and the influence exerted upon the health of the human population, should not neglect the opportunity to watch and report intelligently to the medical periodicals all facts bearing upon the etiology, pathology, and successful management, as well as any probable influence it may exert upon the condition of their patients. The protracted presence of the disease will be quite liable to produce some such impression, though it may be so slight as to escape notice.

Certain writers have expressed the opinion that ergot among the hay consumed is the cause of the disease, and as there is no dispute that the tendency of this substance in excessive quantities is to produce gangrene, the suggestion is not irrational. It is asserted in confirmation of this that ergot exists among the hay of the sections named.

Dr. Sherwood on California.—Dr. Sherwood, of Marshalltown, Iowa, has spent the greater portion of the past winter on the Pacific Coast, investigating its merits as a health resort. He recently made the JOURNAL a call, and during that time favored us with the impressions he had formed of this country.

It is almost needless to state that he is charmed with our climate, as is every one else except, perhaps, Professor Howe, who objected to the pernicious habit of the *gales* in leaning the vegetable growths landward.

The Doctor has visited nearly every seaport town between San Francisco and San Diego, and has been even as far south as Guaymas, Mexico. "Younger and more vigorous persons might, perhaps, prefer the Eastern country, but old and debilitated people will find many advantages here over the East."

He considers Oakland the healthiest large city in the State, and it would be his preference as a place of residence, unless the highest of sanitary conditions were desirable. Pulmonary troubles, however, will be more likely to receive benefit from a residence at San Diego. The Doctor's theory is that

the middle of the day on the Pacific Coast, is rendered warm and relaxing by the incoming sea-breeze; later in the day the mountain air comes down quite cool—sometimes chilling, and renders cold-taking quite common and frequent. At San Diego the mountain range is quite far back from the shore, and a foot range intervenes between the town and the snow-capped peaks, thus modifying the currents, while they become tempered in passing over the plain lying at their base. Thus the extreme of diurnal variation of temperature is very much lessened.

In the neighborhood of Guaymas is a very dry climate, which favors recuperation in lung troubles, though one drawback is malaria. San Diego, according to the doctor's views, is the most favorable place for a sanitarium on the coast.

The advantages of our climate tend, he concludes, to more than physical advantage. People become lazy after a long sojourn here, even though previously ambitious; such is the tendency of the atmosphere. The system undergoes a certain relaxation and this inclines to liberality, to love of study, to sociability, to flow of soul. A warm climate inclines the inhabitants to generousness, to free-heartedness, to sociability, while a cold climate inclines to the opposite extremes.

The Doctor is not prepossessed with Los Angeles as a health resort. He has sent invalids there for the last ten years upon the opinions of others. He will not continue to do so now after having investigated the subject for himself. His reasons are already given. We prophesy his early return to this coast for a permanent location.

Corrections.—We have quit correcting ordinary mistakes in the Journal. It occupies too much time. But two errors in the final examination published last month should be referred to in justice to Professors Cornwall and Logan. Under Ophthalmology and Otology, question 24 should read, "What is likely to be the result of acute *inflammation* of the middle ear?" Under Chemistry the formula "C_2 H_3" should read $C_2 H_5$. The May number was issued under difficulties. Only the innate goodness of the editor enabled him to dispense with a large number of cuss-words.

The Unfortunate Medicine Man.—The Piute Indians are in the habit of strictly observing the custom by which a medicine man among them who loses three patients in succession must be sent to the happy hunting grounds at the earliest possible time. When, therefore, the third patient becomes defunct, the unfortunate copper-colored Æsculapian functionary is treated to an allopathic dose of lead and steel, with short shrift.

Just over the Sierras a native doctor has recently paid the penalty of professional failure at the hands of an aggrieved brave, whose pappoose died in spite of decoctions, songs, incantations, the beating of sticks, and other "hullabaloo."

Lo, the poor Indian, in the role of medicine man, leads, it seems, a precarious life, for, though much honored and powerful if his patients perchance survive his ministrations, Fortune is a fickle maid and sometimes frowns. Therefore the average abbreviated longevity of the medical profession among the Piutes.

But while we commiserate the condition of our aboriginal co-laborer, let us not forget that charity begins at home. True, a wholesome dread of the hangman's knot protects us from all the horrors of his fate, but only such barrier would, in some instances, save us from a sudden taking off. The same factors figure as avenging spirits in both instances—ignorance and superstition. The physician or surgeon who has accomplished a successful result, considering the premises, is often censured, maligned, and consigned, in the wishes of self-constituted aggrieved parties, to the land of Hades, because he has not accomplished a miracle.

Alas, ye votaries of Æsculapian science, ye tread in paths which lead in devious and thorny ways! Rocks and bowlders obstruct your route; above its granite walls hang beetling cliffs and crags which threaten your every footstep.

DR. R. H. JOHNSON, of Eureka Springs, Arkansas, says that cream of tartar freely applied to the testicle in orchitis relieves the difficulty in two or three days. Try all things in reason.

New Remedy For Tapeworm.—The lamented Dr. Bundy, first incumbent of the chair of Theory and Practice in our college, was an earnest investigator in the field of therapeutics. Of the numerous new remedies introduced by him, some have failed to satisfy our expectations, but we owe to him knowledge of a number which prove of great service. Like all pioneers, he was possibly something of an enthusiast, but such are the men who lead the way to newer and better light.

In looking over Volume 2nd of the Journal, we notice an article from his hand on the merits of the aspidium arbutum as an agent for the expulsion of tapeworm. We reproduce it verbatim:—

"Attention was first called to this fern by Dr. Behr, in 1852, who, it seems, has used it ever since with marked success in the treatment of tapeworm, and for some reason unknown to us, has not ably brought it to the notice of the profession. Having a case of tapeworm on hand, I was hunting for the quilled bark of the pomegranate, when the druggist, W. H. Bowman, called my attention to the aspidium arbutum, with the use of it, made by Dr. Behr. I resolved upon trying it, following the method of Dr. Behr, which is as follows:—

After fourteen hours of fasting (from food and water), give two drachms of the green root rasped, every hour until three doses have been taken, and in a few hours give a full dose of castor oil.

Not having the green root, and the patient being a girl ten years old, I used the recently dried root in powder, giving one drachm every hour mixed with water, followe d by the oil three hours afterwards. I visited the patient the next morning and found she had passed a tapeworm fifteen feet long, head and all. It gave the least discomfort to the patient of anything I have ever used for the purpose, in fact the oil was the only thing complained of. This is but one case, but its prompt action in producing the desired result is sufficient in warranting a further and fair trial in the future. I understand there has been a change in the name from aspidium arbutum, to aspidium rigidum. A sample of it can be obtained of H. Bowman, Oakland, sufficient at least for a practical trial."

Not an Irregular This Time.—A few days ago a pagan from over the sea, Ah Fong by name, was brought to the jail in this city to serve a ten-day sentence for misdemeanor. The Deputy Sheriff noticed a peculiar condition of his integument, and believing he saw a very large "darkey in the wood-pile," summoned Dr. Legler, who made an examination and pronounced the dusky son of Asia "a leper."

"The verdict created some confusion, and set tongues wagging" to use the words of one of our daily papers. The heathen was sent across the bay, whether in a balloon or open boat we are not informed, but to the Leper Hospital in San Francisco he was duly dispatched, poor devil, a victim of "regular" ignorance, where, if he had not the leprousy he might possibly soon get it. Luckily for him, however, the inspector of candidates for that institution grasped the situation and pronounced it a bad case of "rhus poisoning," whereupon Ah Fong returned to the classic shades of the county jail.

Mistakes occur in the best regulated families, but let an eclectic commit such a blunder and the very breezes would whisper the tale. Well, it might be something to marvel at even if a matter of common affair with regulars.—Next!

Our Ancient Contemporary Heard From.—Since an attempted infanticide upon the California Medical College in its teething days, in which the "Hydra-headed monster" proved a little too much for the Old Man, we seldom hear from our quondam censor, as he has since neglected to mail us the *Pacific Medical and Surgical Journal.* When, therefore, we desire to imbibe an inspiration for something highly scientific after ye established authorities, we are obliged to borrow for perusal a copy from a friend.

As we have not attempted this recently—knowing the uncertainty of earthly affairs—we were not sure that the lamp which erst lighted the Pacific Coast still held out to burn. But now we find it so. Tidings come from where the

fretting waves of the distant Atlantic chafe the shore, which assure us that the ponderous brain of the medical philosopher of San Francisco still eliminates.

We quote from the *New York Medical Times:* "Dr. Gibbons, in the *Pacific Medical and Surgical Journal*, cites a case of hypochondria in which a farmer imagined his nose to be a bundle of hay. He took great care not to go near a horse or cow, lest his hay nose should be destroyed. Men are more likely than women, says the Doctor, to have hypochondria, though women have hysteria oftener than men. The diseases are closely allied in their origin and nature."

Possibly the Doctor has recently had his attention attracted to the ideas of Dr. Beard on "prostatic irritation" and its sequences.

Formula for Rheumatism.—Dr. Hughes, of St. Louis, in an article in the *Medical Review* calls attention to a formula containing salicylic acid and tonga for the successful treatment of rheumatism.

He sometimes uses the salicylate of soda, instead of the salicylic acid in the combination, but considers the acid more potent. In order to dispense with its irritating properties he adds potassium acetate to the formula. We give it below.

℞. Acid Salicyl. ʒii
Potass. Acetati. ʒiv
Syr. limonis ℥i
Ext. tongæ fld., ʒiv
Aq. menth. pip., ℥i
Aqua anisi, gt. ft. ℥viii.

M. Sig.—Two teaspoonfuls every two hours till relieved, or until four or five doses are taken. After that give at longer intervals. Give with water.

The National:—The National Eclectic Medical Association will meet in Cincinnati on the 18th of June coming. Preparations are being made for an enjoyable and profitable time, and we have no doubt it will be realized.

The Pacific Coast is situated so far away it is doubt-

ful if we will be represented there, though it would be very satisfactory for such representation to be had. The editor would be glad to go himself, but it is a long walk, and the managers of the C. P. have neglected to send him a pass, so the National will have to worry along without his presence. We did intend to go over and capture the National this year, but have since changed our mind.

The Vicissitudes of Regular Codism.—Dr. Cornwall, our worthy professor of Ophthalmology and Otology, is a gentleman of clerical air and modest demeanor, yet he, nevertheless, loves to tell as well as hear a good story. Like all representative eclectics, the nonsensical pretensions of the adherents of the regular code are distasteful to him, and a dampener applied to one of these gentry is a source of great satisfaction.

While practicing in the mountains of Montana a few years ago, the Doctor became quite well versed in the usages of frontier life, and witnessed, among the hardy miners there, many episodes which would rival the best of Bret Harte's creations in portrayal of human life among its uncut gems.

During this time he formed the acquaintance of a jolly eclectic practitioner, who was in his element among the reckless throng which crowded about the mining camps in that vicinity—a regular old "Rough and Ready," who was qualified for any emergency that might arise, calling for prompt medical and surgical aid, who loved his "bitters" among other things, and who could, with gusto, knock down and drag out his man if occasion demanded.

This worthy proved a veritable thorn in the side of the "regular" profession of that neighborhood, for he was always popular with the masses, and, being lucky as well as plucky, was hardly ever "cornered" so as to require aid from that source. On one occasion, however, during an uncommonly unhealthy season, when worn with overwork, he was summoned to relieve a severe attack of ischuria vesicalis, and, after a long siege of fruitless effort to evacuate the dis-

tended bladder, asked that professional assistance be sought. Now, it seemed that the day of triumph for regularism had arrived, for the regular gentry of the neighborhood, to a man, refused to attend unless he was first dismissed, and as there was too much honor among the rude miners to do so dastardly an act, and there were only regulars within a hundred miles, perhaps, the prospects were that he would be compelled to struggle through unaided. Finally, up rose a friend of the sufferer, who was no venerator of the code, or its adherents, and announced that he would soon obtain a physician.

Visiting the office of a certain Dr. T., a recent arrival from the East, and the ablest among his *confreres*, perhaps, the messenger, "pulled his shooter," and gently but firmly requested the disciple of Esculapius, after the ancient plan, to make tracks toward the side of the sufferer. The argument was irresistible. The persuasion overcame all obstacles, even the code, and the pair soon arrived at the scene of suffering. The allopath was very stiff; he hardly deigned to notice our insignificant irregular, but at length, over-awed, perhaps, by the strange manner of his summons and the thought of possibilities, should the patient die without an effort on his part, he broke the ice as follows: "Aw, is it awganic, or spasmodic?" "Spasmodic," quoth the annoyed and baffled disciple of liberal medicine; it's as spasmodic as h—l, and has been organized for more than twenty years" And this, by the way, was not far from being a literally correct reply. This removed all the starch from the front of the codist, and he fell to, with a will, and lent all the assistance in his power for the relief of the patient. Whether he learned a healthful lesson from the rude onslaught upon his cherished "principles," deponent saith not.

DR. HARDING, of Suisun, famous as the champion story-teller of the slope, and jolly good fellow at large, invaded our sanctum last month. He reports business flourishing.

"Red Sore Eyes"–It is astonishing the amount of ignorance that yet remains in the profession regarding affections of the eyes. "Red sore eyes" used to be recognized as one of the commoner eye affections, for which the practitioner possessed an unfailing receipt. Not long since we had the opportunity of seeing a case of this kind, which had been under treatment for three or four months; an educated (?) M. D. of the older sort had been treating it with astringent washes, thinking it simply a case of sore eyes (conjunctivitis). The patient coming into the hands of a modern practitioner who had no special remedies for "red sore eyes," and being sufficiently informed to realize his ignorance, called us to make a diagnosis. The case presented itself to him as one of hyperæmia of the conjunctiva, but he said there was pain (supra-orbital neuralgia) and some loss of vision. He said the iris seemed natural, and the pupil about the size of its fellow. We remarked to him, from his description, that there was inflammation of the choroid, probably, and that the whole uveal track must be implicated.

Upon examination, we found the whole eyeball implicated in the inflammation (panophthalmitis). The iris was not changed greatly in its appearance. The vitreous was rendered opaque by infiltration, so that the fundus could not be seen. The sclerotic was involved so that the ball was considerably enlarged and irregular in its shape. The patient suffered intensely from reflex neuralgia, and photophobia was so great that she could not tolerate daylight, and vision reduced to a little more than a perception of light. Diagnosis–panophthalmitis–originating, primarily from a choroiditis and no remedy but enucleation.

This patient, a lady of education, had been confined to her room for four months, had lost an eye, and almost her life from the ignorance of this relic of a doctor with his "red sore eye" prescription. C.

Health Resorts.—The time of year is at hand when the worn-out business man, or the delicate woman or child, has to be provided with a change, or rest. The man needs the rest and change, and the woman and child the change. The question occurs to the physician, "Where shall I send these people? To the sea-shore or mountains, to a comfortable hotel, or on a roughing trip? This depends upon the location, habits and environment of the particular individual. Many persons are never so happy as on a camping trip, hunting, fishing, etc.; but others are averse to such a rough life, and return from such recreation disgusted and weary. Much also depends on the length of time the persons can afford to spend. Men can spend their Sundays in the country, oftentimes, while their families can usually remain as long as they need to. Distance in this way becomes a factor in the selection of the locality of the resort. Change is the all-important consideration, and the more radical this change the more improvement can be expected. The inland habitant may repair to the sea-shore, and the coast man to the inland. Those living in the lowlands had better seek an altitude, and those of an altitude the lowland. In this way nature is given a rest—the part of the organism affected by the briny dampness of the ocean country is given a rest in the dry atmosphere of the interior. For the San Franciscan there are a number of inviting resorts within reach. It is customary for him to go to Santa Cruz or Monterey, and this is a great mistake. As well take a dose of morphine for laudanum poisoning, or roast a man for sunstroke. In this way he gets a double dose of what has poisoned him, viz., salt water and ocean breezes. If he should be benefited, it would be by other causes than the climatic change. The impression on the mind from change of associates and new surroundings, together with rest from customary labor, will account for whatever good comes from such a trip.

Let the San Franciscan go to the mountains, and into a dry, warm atmosphere. The Napa Valley and surrounding

mountains are admirably adapted to his wants. There are a number of springs from whence flow health-giving waters, and at these places are situated comfortable hotels. One of the most charming of these is Napa Soda Springs, situated, as it is, half-way up the mountain, at an altitude of a thousand feet above the sea, with a surrounding scenery unsurpassed for beauty and grandeur, and health-giving springs on every hand—a place where nature has done so much—it only needs the hand of man to cultivate the already beautiful, and add the comforts of civilization to make this the most desirable resort possible. This has been done. Here can be found a clean, healthful home for man, woman and child. We have been impelled to this writing from our Sunday visits to this place. We think, as a physician, that the people who are going out for a rest are foolish to go to sea-shore resorts when such desirable ones are within easy reach, and where, for reasons already given, they can be so much more benefited. C.

The Old Story.—There are still a number of this year's subscribers who have not sent the dollar due us. To all such we extend a cordial invitation to do so at once. We know that not one of them intends to place us under any embarrassment, but simply forgets, when he ought to attend to the matter. It is never too late to pay, but the sooner the better. We love those of our subscribers best whose names bear, on our Subscription Book opposite Vol. 5, the talismanic word "Paid."

The Earthquake.—The weekly *Medical Review* contains the following: "A California physician and ranchman determined to give his stock the benefit of antiseptic precautions. He injected a carbolic acid solution into the vaginæ of his cows for several days previous and subsequent to labor. He tried the same treatment on a favorite mare —he will be as well as ever next fall. What a pity that woman can't kick."

Possibly the editor may design this as a vague reference

to the earthquake about which Eastern publications have been so excited. Judging from reports in that quarter, there has been a terrible shock somewhere on the Pacific Coast, and why should not the editor of the *Review* have the honor of locating it.

To Our New Readers.—This issue of the Journal will reach a large number of readers who have never seen it before. Please consider its presence an invitation to subscribe. We will send it until January, 1885, for fifty cents, or until January, 1886, for $1.50. Each succeeding number shall be as good or better than this, if energy and labor can make it so. Send postal orders if convenient. Back numbers of this volume are exhausted.

The Death of Professor Gross: Prof. S. D. Gross, author of "Gross' System of Surgery," and for the last half century one of the leading spirits in American surgery, died at his residence in Philadelphia the 6th of May last, near the close of the seventy-ninth year of his age. His body was cremated on the 8th following.

It is needless to expatiate upon the eminent services of this great man. They are well known to all our readers, and whatever his private opinions as to medical sects may have been, his brilliant contributions to surgical science throughout a long life of usefulness can but merit our admiration and respect.

For the following sketch we are indebted to the *Medical Record*:—

"He was born near Easton, Pa., in July, 1805, and was therefore in the seventy-ninth year of his age. He received his classical education at Wilkesbarre, and at the High School at Lawrenceville, N. J., and began his medical studies at an early age, under the preceptorship of Dr. J. K. Swift, of Easton, after which he continued them for nearly two years under the celebrated Dr. George McClellan, of Philadelphia. He was graduated from the Jefferson Medical College in 1828, and entered upon practice in Philadelphia.

The leisure hours which fall to the lot of every young practitioner were spent by Dr. Gross in the translation of several standard French and German works. But his ability and activity removed him above the plane of the translator, and two years after graduating he brought out his first original work, upon "Diseases and Injuries of the Bones and Joints." At this time he removed to Easton, but was elected in 1833 as Demonstrator of Anatomy in the Medical College of Ohio. This position he accepted, and two years later was elected Professor of Pathological Anatomy in the Medical Department of the college in Cincinnati. Here he delivered the first systematic course of lectures on pathological anatomy ever given in the United States, writing, meanwhile, his second book, "The Elements of Pathological Anatomy," the first work of its kind published in this country. From this chair he was called to the Chair of Surgery in the University of Louisville, where, for ten years, he gave evidences of the genius which was subsequently to be honored by the civilized world. From this chair he was called to that of Surgery in the University of New York, but returned at the end of one year, at the earnest solicitations of his former colleagues. Here he remained until 1856, when his *Alma Mater* called him to teach in the halls whence he had gone forth as a distinguished student.

Shortly after coming to Philadelphia he founded the Pathological Society of Philadelphia, being its first president. In 1867 he was elected president of the American Medical Association, and four years later was chosen chairman of the Teachers' Medical Convention in Washington. In 1872 he visited Europe for the second time, not as an unknown or a rising man, but as a master in his science and art, a successful surgeon, and an author, whose reputation had circled the globe. While in England, the University of Oxford celebrated its one thousandth anniversary, and gracefully complimented the great surgeon, and American medicine, by conferring upon Dr. Gross the degree of D. C. L. In 1880 the University of Cambridge conferred upon him the degree of LL.D., which degree he had already received from the Jefferson College. On April 17, 1884, the University of Edinburgh, at its tercentenary anniversary, conferred the degree of LL.D. upon him, and the University of Pennsylvania paid the same tribute to his learning on May 1st.

Not the least among his honors was his unanimous election to the presidency of the International Medical Congress, which met in Philadelphia in 1876. In 1880 he organized the American Surgical Association, of which he was president until 1883.

Of his great literary work, his "System of Surgery," it were scarcely necessary to speak. While his fame goes down to the posterity of succeeding generations as a blessed heritage, his great work on surgery will remain a tangible legacy to the students of many lands and tongues.

In four great cities Dr. Gross has been a teacher of surgery, and thousands of his pupils are now scattered throughout the Union. As a teacher of surgery he has long been recognized as the greatest the country has ever produced.

At a dinner given to him in Philadelphia, in April, 1879, Dr. Gross said: "After fifty years of earnest work I find myself still in the harness; but, although I have reached that age when most men, tired of the cares of life, seek repose in retirement and abandon themselves to the study of religion, the claims of friendship, or the contemplation of philosophy, my conviction has always been that it is far better for a man to wear out than to rust out. Brain work, study, and persistent application, has been a great comfort to me, as well as a great help; it has enhanced the enjoyment of daily life, and added largely to the pleasures of the lecture-room and of authorship; indeed, it will always, I am sure, if wisely regulated, be conducive both to health and longevity. A man who abandons himself to a life of inactivity, after having been always accustomed to work, is practically dead."

How truly he carried out these precepts is seen by the fact that, within a few weeks of his death, he has prepared two able papers—one on "Wounds of the Intestines," for the American Surgical Association, which met in Washington last week; the other on "Lacerations of the Female Sexual Organs," for the Obstetrical Section of the American Medical Association, which met in the same city during the present week. Though well-nigh fourscore years of age, he has never allowed the great mind which has guided the surgical world to become for one moment idle.

As a companion and as a host Dr. Gross was one of the most genial and generous men, and few who ever heard his voice will forget its majestic power and sweetness. As a writer he was most voluminous.

In 1843 he published "An Experimental and Critical Inquiry into the Nature and Treatment of Wounds of the Intestines," and it is a curious coincidence that just forty-one years afterward he should contribute a paper on this subject; in 1851, "A Practical Treatise on the Diseases, Injuries and Malformations of the Bladder;" in 1854, "A Practical Treatise on Foreign Bodies in the Air Passages," and the same year he issued a "History of Kentucky Surgery." In 1859 he published his noblest work, "A System of Surgery, Pathological, Diagnostic, Therapeutic, and Operative," the sixth edition of which was put out in 1882. At the outbreak of the war Dr. Gross issued a "Manual of Military Surgery," which passed through two editions and afforded important service in fitting young military surgeons for the better and more efficient discharge of their duties on the field and in the hospital. In 1861 he edited a large volume entitled "Lives of Eminent Physicians and Surgeons of the Nineteenth Century." In 1876 he published a "History of American Medical Literature from 1776 to the Present Time," and the same year an elaborate paper entitled "A Century of American Surgery."

In addition to the comprehensive standard works already mentioned, Dr. Gross also made many other noteworthy contributions to the literature of the medical profession, chiefly in the form of monographs and miscellaneous papers, contained in the current medical press of the country.

Dr. Gross leaves four children, upon one of whom, Prof Samuel W. Gross, now gracefully rests the mantle so long worn by his distinguished father, as Professor of Surgery in Jefferson College.

In addition to his numerous titles from American and British institutions, he was a member or fellow of several foreign societies, including the British Medical Association, the Imperial Medical Society of Vienna, the Royal Medico-Chirurgical Society of London, and the Clinical and Pathological Societies of London.

Dr. Gross was the first to suggest and perform the operation of wiring the dislocated clavicle to the sternum, or acromion process; the suturing of divided nerves and tendons; deep stitches for wounds of the abdomen; the direct operation for the radical cure of hernia by suturing the pillars of the ring; an operation for the cure of neuralgia in old persons, and a modification of Pirogoff's operation; and was

the first to describe prostatorrhœa. Eminence in medicine, whether as an art or a science, requires labor which demands the most untiring industry, and a high order of talent. In neither of these requisites was he wanting, and whether progress in medicine be regarded as the history of the profession or the development of the curative art, it would be impossible to omit the history of his untiring and fruitful labors. Profoundly learned in all the anatomical, medical, and philosophical lore of his own and former times, there was lacking in him no quality requisite for an encyclopedic writer, whether in the literary or professional world. Of him, as of the father of modern medicine, it may be said that, "finding medical science confounded under a multitude of dogmatic systems, he appears to have made it his object to reform these evils, to reconcile scientific requirements and practical skill, to bring back the unity of medicine as it had been understood by Hippocrates, and at the same time to raise the dignity of medical practitioners."

There are epochs in the history of medicine with which famous and undying names are inseparably associated, and there are great names belonging to special departments in medicine. But for Dr. Gross, no one great operation is called by his name, nor was it his choice to make his own limits in the great field of medicine. His fame will rest securely on that highest work of having guided the current of medical science into new channels, and leading it into more fruitful fields by directing attention to the internal and real conditions of disease. His introduction of the study of morbid anatomy into this country makes him the bridge which spans the chasm between the epochs of the exclusive study of symptoms and the later efforts to find the cause of diseases by thorough scientific study. In his life was summed up the progress of medical learning, the elevation of his profession, and the extension of the limits of medical knowledge.

NOTES.

THE Michigan State Eclectic Medical Society met at Grand Rapids the 28th of last month.

THE Wisconsin State Medical Society meets at Janesville the 4th of the present month.

THE Iowa State Eclectic Medical Society will meet at Des Moines the 11th and 12th of the present month.

WE received a notice of the Indiana State Eclectic Medical Association which should have appeared in the May number, but was crowded out. It was held at Indianapolis the 14th of last month.

DR. M. H. SCHULTZ has recently removed from Sonoma to 1228 Mission Street, San Francisco. His reason for removal was "too much night work." He reports an opening for a German-speaking eclectic physician at Sonoma.

WE have received a number of letters from the East within the last few months, containing inquiries about climate, locations and other points of professional interest which we would be glad to answer privately if time and strength permitted, but as it does not, we will afford all the light we can through the Journal. Dr. J. A. Bainbridge, of Ripon, Cal., can supply a number of locations to good men.

THE hypodermatic use of gelseminum is becoming popular among the eclectics of St. Louis. Dr. Pitzer employs the tincture of the green root undiluted in some cases of severe convulsions, with good effect. Upon calling the attention of Dr. Crowley to this point, he informed us that he has been using gelseminum and belladonna both in this manner for more than a year.

THE *Weekly Medical Review* publishes a circular—suppressing names—from an eclectic medical college in St. Louis which offers a premium to its *alumni* for every student sent to that institution. We are not informed as to the source of the circular, but suppose it cannot be from Field's school, as the toes of that mill are, according to all reports, "turned up to the daisies." St. Louis and Louisville are in competition, it seems. The average doctor in that vicinity rolls in clover—cheap diplomas on the one hand, premiums for students on the other.

QUESTIONS FOR EXAMINATION IN MEDICAL JURISPRUDENCE.

1. What is law in the abstract?
2. What is municipal law?
3. What is the common law?
4. Where did it originate, and how?
5. Where does it prevail?

6. What is the civil law as contra-distinguished from the common law?

7. Where did it originate?

8. In what books is it contained, and by whose order were they compiled?

9. What are the two principal systems of laws that prevail over the civilized world to-day?

10. What is medical jurisprudence?

11. Give a statement of the manner in which it originated, and the time when it may be said to have originated?

12. How were the professions of law and medicine esteemed and considered in Rome under her system of law?

13. Could a physician under the old Roman law sue for and recover his fees as a matter of right in all cases?

14. If not, under what circumstances and conditions, if any, could he recover fees by process of law?

15. In America can a physician or surgeon sue for and recover fees for services performed as a matter of right and without any restrictions?

16. How must a physician or surgeon treat a case in order to successfully resist a charge of malpractice?

17. What is ordinary care and ordinary skill?

18. What is evidence?

19. What is an expert witness, and wherein does he differ from the ordinary witness?

20. What kind of questions should be put to the expert witness?

21. In civil cases to what extent does the law protect the physician and surgeon when asked to disclose professional secrets?

22. Give the attesting clause of a will.

23. What is insanity?

24. State how many theories are entertained by medical men in regard to insanity and what these theories are?

25. What is illusion?

26. What is moral insanity?

27. Does the law recognize such a thing as momentary insanity?

28. Does the law recognize partial insanity?

BOOK NOTICE.

SEXUAL NEURASTHÆNIA. Its hygiene, causes, symptoms, and treatment, with a chapter on Diet for the Nervous, by Geo. M. Beard, M. D. Published by E. B. Treat, 757 Broadway, New York.

We have perused this, the posthumous publication of Dr. Beard's last literary labors, with much interest, and, we believe, profit. As a scientific work we regard it in the most favorable light. The language is chaste, but unmistakably to the point. The deductions drawn are in accord with the truths of anatomical and physiological science, and many points which have puzzled thinking physicians heretofore are explained and simplified.

PEROXIDE OF HYDROGEN.

BY W. LE ROY WILCOX, M. D.

[Read before the Chicago Eclectic Medical and Surgical Society.]

HYDROGEN peroxide is among the new agents used by the medical profession.

During the past session of Bennett Medical College, it has been thoroughly tested in the laboratory and clinics, and, as a result, it has met with favor from all who have witnessed its use. This agent, as known to the medical profession, has been through two or three articles that have appeared in the medical journals in the past two years. In October, 1882, one paper appeared in *Archives d'Ophthalmologie* giving cases of purulent imflammation of the eyes and corneal ulcer cured by the use of hydrogen peroxide.

The New York *Medical Record* has published two very interesting papers on the subject, but outside of these papers, the general profession has hardly heard the subject mentioned.

Hydrogen peroxide was first discovered by Thenard, in 1818, and was called by him oxygenated water. It is usually prepared from barium peroxide by the action of carbonic acid. The reaction results in barium carbonate and hydrogen peroxide (H_2 O_2). By adding the materials alternately, the water present becomes saturated. Then, by evaporation over sulphuric acid, this water may be removed, leaving pure hydrogen peroxide (Barker). The pure substance is a colorless, sirupy liquid, which, when poured into water, sinks below its surface before mixing. It has a disagreeable, metallic taste, and when taken into the mouth it produces a tingling sensation, increases the

flow of saliva and bleaches the tissues with which it comes in contact. It does not solidify at 22° Fahrenheit. It is very unstable, and even in darkness at ordinary temperature is gradually decomposed. The decomposition takes place rapidly and with effervescence at 212° Fahrenheit. The dilute substance (or such as is used in medicine), however, is comparatively stable and may be boiled and even distilled without suffering decomposition. Its most remarkable property is the facility with which it evolves oxygen under certain conditions. Metallic silver, gold and platinum when finely divided, decompose it almost with explosion. Their oxides, as well as the peroxides of lead and manganese, also decompose it, giving up a part of their oxygen at the same time.

This readiness with which it yields its oxygen is well represented by its catyaltic action with pus, thus completely obliterating pus cells, preventing and arresting fermentation. This property gives it special advantages as an antiseptic, being unlike many other so-called antiseptics, notably carbolic acid, bichloride of mercury, salicylic acid, alcohol, etc., it can be used without danger and of sufficient strength (saturated solution) to be effective.

The field for action of this new agent is to be found wherever pus or micro-organisms exist, completely destroying the former and acting as an infusoricide to the latter.

In purulent inflammation of the eye, where the presence of pus may prove fatal to sight, this agent will rationally suggest itself, and experience has already established its efficient action in all suppurative and ulcerative conditions of the eye and its appendages, notably suppuration of the lachrymal passage, corneal ulcer, etc. This agent is fast gaining a place in suppurative conditions of the ear, such as are met in general practice, as the sequelæ of scarlatina and other diseases, as well as all suppurative and ulcerative conditions of the mouth, throat, uretha, vagina, rectum, uterus, pus cavities, etc.

I especially want to call your attention to the usefulness of hydrogen peroxide in pus cavities, such as suppurative pluritis, deep-seated lumbar abscesses, suppurative conditions as a result of abdominal injuries, etc., where irrigation is difficult or inefficient, yet where the presence or absorption of pus may result in dangerous condition or death. In these conditions, this agent will do good work.

Again, it is fast gaining prominence among our agents, used in specific diseases.

The ancient and almost barbarous custom of cauterizing indolent and chancreous ulcers is soon to be superseded by the catylitic action of this new agent.

As an analytical re-agent in chemically testing for pus in urine, it has been found to be definite in its action, universally effervescing when pus is present. As a remedial agent in conditions named, the saturated solution is applied directly to ulcerative or suppurating surfaces by a camel's hair pencil, or by injection, as is best adapted to part. The application is followed by effervescing, which is present with each application until the surface fails to secrete pus.

ELECTRICITY vs. HANGINGS.

A CONTEMPORARY, in drawing attention to a proposal of Mr. Lane Fox in a recent issue of the *Zoophilist*, to employ a form of apparatus known to electricians as the microfarad condenser for the destruction of worn-out horses and domestic animals, takes the opportunity of drawing attention to the barbarities attending the present use of the long drop in judicial executions; and also suggests that "far less contrivance and money than were expended on the Peltzer case would suffice to arrange a murder by electricity, which would in all respects resemble death by the visitation of God," by which we presume is meant a death from natural causes. Murder is so much a fine art, or at all events an application of science, in the present day, that this suggestion—perhaps not a novel one—might well have been spared, even in the pages of a medical journal, where it is little likely, we hope, to catch the eyes of would-be murderers. We believe that should murder by electricity ever be practised, the resources of medicine and science will prove equal to the detection of the agent employed. The accidents that may be expected to result from the extension of electric lighting, will doubtless soon afford medical men the opportunities of becoming familiar with the appearances resulting from death from electricity. Mr. Lane Fox's proposal is a humane one, but we question whether it will meet with serious recognition. It is applicable to horses and pet animals only; and is inapplicable to animals the flesh of which is to be used for food. The plan is too complex, and

involves, in killing a horse, the following elaborate preparations: the fitting of an iron plate into the stable-floor, and the connection of this with the negative pole of a condenser formed of alternate layers of tinfoil and tissue paper soaked in paraffin. The condenser is then to be charged from an ordinary coil to its full capacity, so as to be capable of producing a one-inch spark. The animal to be killed is to have its head, feet, and legs sponged with salt water, and is then to be placed on the iron plate, and touched on the head by a brass knob attached to an insulating handle, and connected with the positive pole of the condenser, when it at once falls dead. Death is asserted to be painless. Probably it is so; but of this we know, and can know, nothing. Our reader will perhaps be of the opinion that by this method it would be more troublesome and costly to kill a worn-out cab-horse than to hang a criminal; not to speak of the operation being by no means devoid of danger to the operators. The feasibility and advisability of judicial executions being carried out by means of electricity is one, nevertheless, which is well worthy of consideration; and certainly, now that executions take place in private, and the criminal at the moment when the drop falls becomes immediately removed from the view of all but the executioner, there are additional reasons why the mode of carrying out the dread capital sentence of the law in Britain should be revised. Not to go back to earlier atrocities, scenes at the execution of the man Taylor, at Wandsworth and of Myles Joice, at Galway, respectively, are reported to have been of the most revolting description. It would appear that the long drop (the length at present used is stated to be 9 feet) does not bring about instantaneous death; and causes, sometimes, perhaps, prolonged and unnecessary suffering. It is, then, well worth consideration whether the use of electricity, or the simpler mode of strangulation recently proposed by Dr. Hammond, of New York, should not be substituted for the present system. Dr. Hammond's method has the advantage over the electrical, that we have the personal voucher of a man of his high reputation that the sensations of the strangled man, up to the moment when unconsciousness supervenes, are rather pleasurable than painful. So long as execution is required by our law, it behooves the authorities to carry out the sentence in a manner as little revolting and as painlessly, as is possible.—*Brit. Med. Journal.*